

Form 2 Evaluation Plan and Report – Deaf / Hard of Hearing

Student Name: _____ File Review Number: _____

Supervisory Union: _____

School/Placement: _____ Child Count #: _____

Date of Birth: ____/____/____ Case Manager: _____

Grade Level: ____ Gender: ____ Review Date: ____/____/____ Reviewer's Initials: _____

General File Information:	Yes	No	N/A
Access Log included?	<input type="checkbox"/>	<input type="checkbox"/>	
Educational Surrogate appointed and letter in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Due Process, Mediation, Administrative Complaints on file?	<input type="checkbox"/>	<input type="checkbox"/>	
Does eligibility decision match Child Count data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the student a drop-out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services offered to the drop-out student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one : ☐ Date of Evaluation Plan (for record reviews)
☐ Date of Parental Consent (for new testing situations)
☐ Date Consent was Received in District (if filled in) _____/_____/_____

Date of Report: _____/_____/_____

Completion of the Final Report exceeded 60 days: Yes ☐ No ☐ # of days _____

Appropriate Notice of Delay (exceptional circumstance) documented: Yes ☐ No ☐ N/A ☐

Comments :

Check each box for the individuals who were involved in the development of the Evaluation Plan:

☐ Parent ☐ Student ☐ LEA Representative
☐ Special Educator ☐ Classroom Educator ☐ Person to interpret educational implications

Check each box for the individuals who initialed their agreement with the Evaluation Report.

☐ Parent ☐ Student ☐ LEA Representative
☐ Special Educator ☐ Classroom Educator ☐ Person to interpret educational implications

Disability Determination:	Yes	No
Questions were appropriate to determine disability	<input type="checkbox"/>	<input type="checkbox"/>
Answers included documentation that:		
The student had a 25 decibel HL threshold (ANSI, 69) or worse for one or more of the frequencies 250-8000HZ, in one or both ears	<input type="checkbox"/>	<input type="checkbox"/>
As determined by an audiologist, otologist or otolaryngologist	<input type="checkbox"/>	<input type="checkbox"/>

Team conclusion section was completed.

☐
☐

Other Disability Area(s) Suspected:

- ☐ Autism ☐ Deaf-Blind ☐ Deaf / Hard of Hearing ☐ Developmental Delay
☐ Emotional Disturbance ☐ Learning Impaired ☐ Orthopedic Impairment
☐ Other Health Impairment ☐ Specific Learning Disability ☐ Speech/Language Impairment
☐ Traumatic Brain Injury ☐ Visual Impairment

Assessment Areas Evaluated:

**Appropriate
Personnel Identified:**

	Yes	No	N/A	Yes	No
Cognitive Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Behavior Assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement/ Educational Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/Language Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Skills Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical/Health Evaluations:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Behavioral Assessment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assessment Area(s):					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Form 2 Evaluation Plan and Report - Adverse Effect

	Yes	No
Questions were appropriate to determine adverse effect?	<input type="checkbox"/>	<input type="checkbox"/>
Were at least three of the five adverse effect areas evaluated and found within the lowest 15 th percentile, lowest 15 th percent of the class, or 1.0 standard deviation below the mean?		
Standard or percentile scores on an individually administered, nationally-normed achievement test	<input type="checkbox"/>	<input type="checkbox"/>
Grades, or the lack of grades due to refusal to complete assignments	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum-based measures	<input type="checkbox"/>	<input type="checkbox"/>
Criterion-referenced or group administered norm-referenced test(s)	<input type="checkbox"/>	<input type="checkbox"/>
Student work, language samples, or portfolios	<input type="checkbox"/>	<input type="checkbox"/>
Team conclusion section was completed.	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Form 2 Evaluation Plan and Report - Need for Special Education

	Yes	No
Questions were appropriate to determine the need for special education?	<input type="checkbox"/>	<input type="checkbox"/>
Did the team document a need for special education that included that the student required specially-designed instruction which could not be provided within the school standard instructional conditions, as created by the school's comprehensive educational support systems?		
	<input type="checkbox"/>	<input type="checkbox"/>
Team conclusion section was completed.	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Decision of the Evaluation and Planning Team

	Yes	No	N/A
The final page of Form 2 of the Evaluation Report was completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability category was listed accurately based on team decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If ineligible, reasons were listed and other recommendations and accommodations were made by the EPT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional File Information

Does the file show evidence that re-evaluations were conducted within a three year span?

	Yes	No	N/A
____/____/____ ____/____/____ ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 7 Notice of Local Educational Agency Decision

If the school has decided not to implement a request, or agree with the decision of the Evaluation and Planning Team, there was documented evidence of written notification to the parent?	Yes	No	N/A
Did the notice include the effective date of the decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form 8 Transition from Family Infant Toddler Project to Essential Early Education

The file contained documentation that a letter on transition was sent to the parents and school six months prior to the child's third birthday.	Yes	No	N/A
The file contained documentation that the school participated in a transition meeting for the child that was held at least 90 days prior to the child's third birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the child transitioned from the Family Infant Toddler Program, there is documentation that Form 8 was signed by the parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the date it was received in the District filled in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an IEP developed at age three for this student transferring from the Family Infant Toddler Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of initial placement in Part C. _____/_____/_____

Date of initial placement in Part B. _____/_____/_____

Notes: _____
